



PTO/SB/52 (07-03)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 2189-25
I hereby declare that The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>ALCATEL USA Sourcing, L. P.</u> and the title of my position with said assignee is: _____ The entire title to the patent identified below is vested in said assignee.		
Inventor Herman Bustamante		Citizenship U. S.
Residence/Mailing Address 1707 St. Helena Dr., Danville, California 94526		
Inventor Horen Chen		Citizenship U. S.
Residence/Mailing Address 18567 Chardonnay Court, Saratoga, California 95070		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number 5,809,431		Date of Patent Issued 15 September 1998
Title of Invention Local Multipoint Distribution System		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>Local Multipoint Distribution System</u> the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>14 September 2000</u> as reissue application number <u>09 / 662,741</u> and was amended on <u>10 April 2002, 16 January 2003, and 20 June 2003</u> (If applicable) and as amended by an Amendment accompanying this declaration. I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. <input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.		

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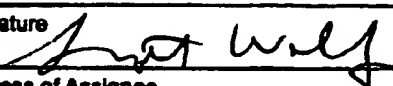
This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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At least one error upon which reissue is based is described as follows: See Additional Sheet [Attach additional sheets, if needed.] All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.					
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.					
Name(s)		Registration Number			
Lawrence A. Maxham	24,483	Alfred A. Macchione	40,333		
Jeffrey J. Lotzpeich	45,737	Robert H. Nakano	46,498		
Blake A. O'Neill	50,190				
Correspondence Address: Direct all communications about the application to:					
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		<div style="border: 1px solid black; padding: 5px;">Place Customer Number Bar Code Label Here</div>	
OR Type Customer Number Here					
<input checked="" type="checkbox"/> Firm or Individual Name	The Maxham Firm/Lawrence A. Maxham				
Address	Symphony Towers				
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City	San Diego	State	California	Zip	92101
Country	USA				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of person signing (given name, family name) Scott E. Wolfe					
Signature 				Date February 25, 2004	
Address of Assignee 3400 W. Plano Parkway, Plano, Texas 75075					